

**COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
BUSINESS LICENSE INVESTIGATION REPORT**

Account# 142524

Application for  
**DANCE**

Date  
09/10/15

Hearing Date

D.B.A. <b>Hugo Gymfitness</b>		Organization or Corporation <b>Hugo Gymfitness Inc.</b>		Incorporation Date 01/03/08	
Address of Proposed Activity <b>21107 Centre Pointe Pkwy, Santa Clarita 91350</b>		Contacted <b>Hugo Cherre</b>		Date Contacted 9/10/15	
Applicant, Sponsoring Adult or Corporate Officer 1. <b>Hugo Cherre</b>		Position <b>President</b>		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address	Hgt.	Wgt.	Hair	Eyes	DOB
[REDACTED]					
		Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.					
Address	Hgt.	Wgt.	Hair	Eyes	DOB
[REDACTED]					
		Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.					
Address	Hgt.	Wgt.	Hair	Eyes	DOB
[REDACTED]					
		Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.					
Address	Hgt.	Wgt.	Hair	Eyes	DOB
[REDACTED]					
		Position		Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.					
Address	Hgt.	Wgt.	Hair	Eyes	DOB
[REDACTED]					
Location <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Sub-Leased From Whom: <b>West Coast Winery, Inc.</b>					
Termination Date of Lease 04/30/20		Immediate Vicinity <b>Business District</b>		School or Churches <b>No</b>	
Hearing Notice Posted					
Charitable Activity <b>Cancer Assoc.</b>	Proposed Date of Activity <b>When granted</b>	Age Group <b>18m-13yrs</b>	Admission Charged <b>membership-</b>	Amount <b>-0-</b>	Security Guards Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No.
Estimated Attendance <b>120-180</b>	Posted Capacity <b>250</b>	Parking – Location <b>All around the bldg.</b>	Number <b>175</b>	Paved <b>yes</b>	Lighting <b>Adequate</b>
Outside Signs <b>Portable Outside Sign</b>					Interior Lightning <b>Adequate</b>
Alcoholic Beverages Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Type ABC License <b>N/A</b>		ABC Licensed Issued To <b>N/A</b>	
Location Previously Licensed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		Applicant Previously Licensed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		License Suspended, Revoked, or Denied Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date	
Type		Type		Type	
Date Started Operation 03/01/14		Billiard Tables Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number		State Board Number <b>SR SO 102-649534</b>	
Attire <b>Casual</b>		Type of Food Served <b>N/A</b>		Entertainment (Describe) <b>N/A</b>	
Hours of Operation <b>M-F 3:00 pm to 6:00 pm 5</b>		Days of Operation		County License Number <b>142524</b>	



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-2700

OWNER OF BUSINESS: HUGO A CHERRE

CAL. DR. LIC# : [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HUGO GYMFITNESS

MAILING ADDRESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/24/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/28/15	tchen
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	09/11/15	ebarnes
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/22/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	03/03/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	07/21/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$1,708.00

ID # 142524

BUSINESS INFORMATION

Type of Business: <b>DAUCE</b>	Address of Business: <b>21107 CENTRE POINTE PKWY . SANTA CLARITA, CA 91350</b>	
	Business Telephone: <b>(661) 255 - 2700</b>	
DBA (Business Name): <b>HUGO'S GYM FITNESS INC.</b>	Mailing Address: <b>SAME</b>	
Sellers Permit # (State Board of Equalization): <b>102-649534</b>		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <b>01/03/2008</b>	Incorporated in the State of: <b>CALIFORNIA</b>	
Exact Corporate Name: <b>HUGO'S GYM FITNESS INC.</b>		
Names of Officers	Addresses	Titles
<b>HUGO CHERRE</b>	[REDACTED]	<b>PRESIDENT</b>

APPLICANT INFORMATION

Applicant's Full Name: <b>HUGO CHERRE</b>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <b>HUGO@HUGOSGYMFITNESS.COM</b>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
	Hair Color: [REDACTED]	Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **7/15/2015**

Applicant's Signature: **[Signature]**

Application taken by: **MG**

Date: **7-15-15**



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-2700

OWNER OF BUSINESS: HUGO A CHERRE

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HUGO GYMFITNESS

MAILING ADDRESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

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**BUILDING & SAFETY**

**SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: We recommend approval at  
this time.

SIGNATURE: D. Hamrick

DATE: 2/24/16

07/24/2015 FRI 11:14 FAX 5612861134 --- Linda Trejo

004/004

07/22/2015 WED 11:36 FAX 5612861134 --- PG 104

005/005

3232637342

04:49:16 p.m. 07-21-2015

14/22

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54978, Los Angeles, CA 90034-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

104

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-2700

OWNER OF BUSINESS: HUGO A CHERRE

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HUGO GYM FITNESS

MAILING ADDRESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 7/23/15

BASIC LICENSE NO. 829H

DATE 07/15/15

IDENTIFICATION NUMBER 142524



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-2700

OWNER OF BUSINESS: HUGO A CHERRE

CAL. DR. LIC# : [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HUGO GYMFITNESS

MAILING ADDRESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**TREASURER & TAX COLLECTOR  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

11-11-2015

BASIC LICENSE NO. 8298

DATE 02/24/16

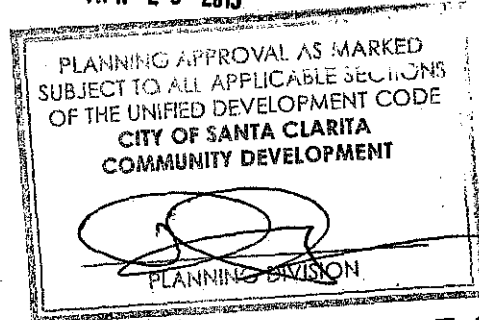
IDENTIFICATION NUMBER 142524

# ZONING REFERRAL

I.D. #: 142524

TO: CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT/PLANNING  
23920 VALENCIA BLVD., STE # 140  
SANTA CLARITA, CA 91355

APR 20 2015



FROM: TREASURER TAX COLLECTOR  
BUSINESS LICENSE SECTION  
23757 VALENCIA BLVD  
SANTA CLARITA CA 91355  
FAX (661) 945-3512

DATE: 7-28-14

TYPE OF BUSINESS(ES)

Dance

OTC 15-676

ADDRESS OF BUSINESS 21107 CENTRE POINTE PARKWAY

CITY SANTA CLARITA ZIP CODE 91350

NAME OF OWNER HUGO CHERRE

"DBA" HUGO'S GYM FITNESS TEL. #: (661) 255-2700

MAILING ADDRESS SAME

EXISTING USE YES ( ) NO ( )

USE PERMITTED IN ZONE SP USE NOT PERMITTED IN ZONE  
"APPROVED" "DENIED"

REMARKS Permitted use in appropriate zone.

SIGNATURE OF ZONING OFFICER

DATE

4/20/15

V

15-00837

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE / SC

ADDRESS OF BUSINESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-2700

OWNER OF BUSINESS: HUGO A CHERRE

CAL. DR. LIC.#: [REDACTED] 411/58

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HUGO GYM FITNESS

MAILING ADDRESS: 21107 CENTRE POINTE PKWY, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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**SHERIFF FINGERPRINT**

**LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

Approved

SIGNATURE: \_\_\_\_\_

WJP S3607

DATE: \_\_\_\_\_

7/16/15

BASIC LICENSE NO. 8298

DATE 07/15/15

7/15

IDENTIFICATION NUMBER 142524

Sent to Tony 7/16